

CONDITIONAL USE PERMIT APPLICATION

Please type or print legibly (use blue or black ink). All blanks must be complete. Use N/A where not applicable.

				Today's	s Date:	
j€	ect Name:					
ſ	Property Address					
-	City			State	Zip	
ſ	Property Owner's Name					
ŀ	Mailing Address					
ŀ	City			State	Zip	
-	Contact Phone			Fax Number		
	Cell Phone			E-mail		
Ī	Petitioner's Name					
-	Mailing Address					
ŀ	City			State	Zip	
ŀ	Contact Phone			Fax Number	<u> </u>	
Ĺ	Cell Phone			E-mail		
Ī	Agent's Name					
ŀ	Mailing Address					
ľ	City			State	Zip	
ŀ	Contact Phone			Fax Number	I	
ŀ	Cell Phone			E-mail		
	Property is generally loca	ted near the	following streets:			
-						
ľ	Size of subject property		+/- Acres		+/- Sq. Feet	
ľ	Existing Zoning					
ŀ	Present use of property					
	Proposed use of property					
Γ	A Conditional Use Permit is requested to allow:					
-		<u>'</u>				
ŀ						

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7)	The reason or basis for this request is:											
8)	Number of existing structures on property and their present use is:											
-	Present Use Structure #1											
=	Present Use Structure #2											
-	Present Use Structure #3											
L												
9)							No					
	If yes, describe nature of previous request:											
10)	If the project is to be developed in phases, give a brief description of how it will be phased:											
11)	Chate the expert level description of the property to be exhabitided. (Convert Mercerty Deed on Toy Deed on the											
	State the <u>exact legal description</u> of the property to be subdivided. (Copy of Warranty Deed or Tax Receipt showing ownership must be submitted with application)											
	Section		Township		Range							
	Alternate Key #					· ·						

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PROPERTY OWNER & AGENT AFFIDAVIT*

				Today's Date:			
		e, the undersigned authority pe wner's name), who being by me duly					
1.	That	said authority is the fee-simple owr	ner of the pro	operty legally described in this application.			
2.	That	said authority desires a CONDITIO	NAL USE P	ERMIT to allow:			
3.	to ac	said authority (property owner) has et in his behalf to accomplish the ab eared and, being by me duly sworn o	ove, and be	fore me the undersigned authorized agent personally			
	A.	regulations, and provisions of the submitted herewith are true and	e City of Lee accurate to ments shall	ne understands and will comply with all ordinances, esburg, Florida, and that all statements and diagrams the best of his/her knowledge and belief, and further, become part of the Official Records of the City of			
	B.	That the submittal requirements part of the application.	for the appl	ication have been completed and attached hereto as			
	C. That the CONDITIONAL USE PERMIT sign will be posted, in accordance with Section 25-93 (c) of the City of Leesburg Code of Ordinances, at least ten (10) days prior to the scheduled meeting date at which the case will be considered by the Planning & Zoning Commission and will remain posted until final determination by the Planning & Zoning Commission.						
	V	*PROPERTY VHEN AGENT IS REPRESENTING CASE, I	Y OWNER <u>MUS</u> BOTH AGENT	<u>ST</u> SIGN AFFIDAVIT. <u>AND</u> PROPERTY OWNER MUST SIGN AFFIDAVIT.			
PROP	ERTY	OWNERS' SIGNATURE		AGENT'S SIGNATURE			
		FLORIDA FLAKE					
me this	s	affirmed) and subscribed beforeday of, 20,		Sworn to (or affirmed) and subscribed before me thisday of, 20, by			
Persor	nally K	nown OR Produced ID		Personally Known OR Produced ID			
Type of Identification Produced				Type of Identification Produced			
		Notary's Signature		Notary's Signature			
		NOTARY SEAL		NOTARY SEAL			

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CHECKLIST FOR CONDITIONAL USE PERMIT APPLICATION

Use this checklist to submit a completed application. All information listed below is required when applying for a **CONDITIONAL USE PERMIT**.

OTHER DISTRICTS (Please make check payable to CITY OF LEESBURG) 2.		Greater Leesbu	urg CRA	Carver Height	s/Montclair CRA				
(Please make check payable to CITY OF LEESBURG) 2.		Historic District	i	CR 470 Study	Area (Turnpike)				
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(Please make check payable to CITY OF LEESBURG)		·		•					
1 Filing fee - RESIDENTIAL DISTRICTS \$350.00	1	Filing fee -	OTHER DISTR	ICTS	\$700.00				

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PROCEDURES

IMPACT FEE REVIEW

1. The proposed use of the property must be assessed to determine if there will be an increase in demand on the water or wastewater systems before submittal of the application. Any increase in demand on the water or wastewater systems will be subject to impact fees.

SUBMIT THE APPLICATION

- 2. A completed application shall be submitted to Leesburg Planning & Zoning Division based on the scheduled deadlines for each meeting. Contact the Planning & Zoning Division (352-728-9760) for deadline dates.
 - a. Upon receipt of a COMPLETE & CORRECT application, the Planning & Zoning Division shall notify (if required) by mail owners of all property lying within two hundred (200) feet of the property.
- 3. Failure to provide an accurate and complete application will result in automatic rejection and return of the application and delay of the hearing date.

SIGN POSTING

4. The staff on the Planning and Zoning Division shall post a sign on the site which shall be in plain view of the public, at least ten (10) days before the date of the administrative decision or public hearing (if required).

NOTE: In cases where the sign has not been properly posted, the Planning & Zoning Commission may postpone or deny the application without prejudice.

STAFF REVIEW

5. Staff will review the application and make a formal decision or recommendation to the Planning Commission (if required) at the scheduled Commission hearing. This recommendation is available for review by the public after it is provided to the applicant, usually one day after the required ten (10) days.

PLANNING COMMISSION MEETING (if required)

- 6. The property owner or authorized agent (authorization must be on file at the Planning & Zoning Division) must attend the Planning Commission meeting to represent the application and answer questions from the Commission.
- 7. If the application is approved, the applicant must meet all conditions of the application prior to approval of a business license for the location.

The signature below certifies that I have read and understand the permit application, checklist and procedures contained herein, and that this application is submitted in accordance with the checklist and procedures for the limited use permit requested.						
Print Name	Applicant's Signature	Date				

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